

Thank you for your interest in becoming a part of the Seland Auto Transport team. Seland Auto Transport provides our customers with "on time" and "damage free" vehicles in a safe and professional manner.

We require a few additional documents to be provided along with this completed application:

- Copy of driving record for all CDL's held in the last 3 years. All reports must not be older than *30 days*
- Copy of current Medical Long Form & Medical Certificate
- Clear and readable copies of your Driver's License & Social Security Card
- **Clear copy of your TWIC card**

**All forms MUST be completed for your application to be processed.**

**For previous employers all addresses, phone numbers (no cell phones please), and reasons for leaving need to be written down.**

**If you would like to fax your application please fax it to (206)768-7770. The original must eventually be received.**

**For your application to be processed promptly please call our driver recruiter Randy McCready to go over these attached forms. Office (206)767-5960 ext.322**

Regards,

Randy McCready  
Driver Supervisor/Recruiter

\*Note: If you are applying as an owner operator additional information will be needed after application is approved.





## EDUCATION

School	Name & Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender national origin, disabilities or other protected status. Please provide a 10 year history.

Employer  From  To

Address  City   
State/Zip

Phone (  )  Cell Phone (  )

Job Title  Wages Starting  Final

Supervisor

Reason for Leaving  May we contact? Yes  No

Were you subject to the FMCSRs\* while employed here? Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

Employer  From  To

Address  City   
State/Zip

Phone (  )  Cell Phone (  )

Job Title  Wages Starting  Final

Supervisor

Reason for Leaving  May we contact? Yes  No

Were you subject to the FMCSRs\* while employed here? Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

Employer [redacted] From [redacted] To [redacted]  
 Address [redacted] City [redacted]  
 [redacted] State/Zip [redacted]  
 Phone ( [redacted] ) [redacted] Cell Phone ( [redacted] ) [redacted]  
 Job Title [redacted] Wages Starting [redacted] Final [redacted]  
 Supervisor [redacted]  
 Reason for Leaving [redacted] May we contact? Yes  No   
 Were you subject to the FMCSRs\* while employed here? Yes  No   
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

Employer [redacted] From [redacted] To [redacted]  
 Address [redacted] City [redacted]  
 [redacted] State/Zip [redacted]  
 Phone ( [redacted] ) [redacted] Cell Phone ( [redacted] ) [redacted]  
 Job Title [redacted] Wages Starting [redacted] Final [redacted]  
 Supervisor [redacted]  
 Reason for Leaving [redacted] May we contact? Yes  No   
 Were you subject to the FMCSRs\* while employed here? Yes  No   
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

Employer [redacted] From [redacted] To [redacted]  
 Address [redacted] City [redacted]  
 [redacted] State/Zip [redacted]  
 Phone ( [redacted] ) [redacted] Cell Phone ( [redacted] ) [redacted]  
 Job Title [redacted] Wages Starting [redacted] Final [redacted]  
 Supervisor [redacted]  
 Reason for Leaving [redacted] May we contact? Yes  No   
 Were you subject to the FMCSRs\* while employed here? Yes  No   
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company name on application.

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.*

\*Age  Date of Birth   
Physical Exam Expiration Date

\*The Age Discrimination of Employment Act 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## DRIVING EXPERIENCE

Class of Equipment	From (Month/Year)	To (Month/Year)	Approx. No. of Miles
Auto Transport	<input type="text"/>	<input type="text"/>	<input type="text"/>
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor and Semi-trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor-two trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor-three trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>

List states operated in, for the last five years:

List special courses/training completed (DDC, HazMat etc.):

List any Safe Driving Awards you hold and from whom:

Accident record for Past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset etc.)	Location of Accident	# of Fatalities	# of People Injured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes  No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes  No

### TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether names is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it, information in it are true and complete to the best of my knowledge.

Applicant Signature  Date

Comments: Including explanation of any gaps in employment.

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members or past supervisors)

	<b>Name</b>	<b>Phone Number</b>	<b>Address</b>
1	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
2	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
3	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>

*Note: Application will be rejected if applicant includes extraneous information not requested on applications.*

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete; to the best of my knowledge

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature  Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**